

Talking Points on Trauma and MH Systems Transformation SIGS

These talking points were developed to help States conceptualize and organize their applications for trauma-informed state mental health systems transformation.

Purpose:

- To provide roadmap to information that can assist in writing trauma-informed SIGs
- To provide talking points for demonstrating relevance of trauma to planners, grant-writers, and agencies

Why focus on trauma?

- We're *already* serving trauma survivors in *all* human services. Not a new population but a way to serve existing clients better
- Prevalence statistics are overwhelming
- Trauma underlies many profound clinical and systems failures in all systems of care – e.g., self injury, suicide, restraint and seclusion, children who don't respond no matter how many services are wrapped around them, people who persistently fail to keep jobs, housing
- Retraumatization is common
- Trauma is a key to recovery, and trauma-informed services are cornerstone for building recovery-oriented systems.
- Trauma model facilitates partnership between consumers and providers
- Links to New Freedom Commission goals
- Undiagnosed trauma costs billions annually

Building a coalition

- Governor's office – resonates with public traumatized by terrorism and aware of PTSD, effects of war, natural disasters, etc
- Veteran's Administration – returning vets
- Substance abuse
- Health Department – ACE studies; women's health issues
- Hospitals – emergency room visits
- Domestic violence and rape crisis networks
- Child serving agencies, especially child welfare and juvenile justice
- Criminal justice systems and victims' assistance programs
- Mental health consumer groups and organizations

Developing a vision and a comprehensive plan / public health approach

- Provides a unifying worldview and conceptual framework
- Adopts universal precautions approach
- Provides concrete, tested tools and approaches – a new clinical formulation
- Addresses continuum from most disabled to prevention
- Model programs and trauma-informed systems can guide planning

Build on existing resources/assure sustainability

- All states have some form of trauma work going on, if not in mental health system, elsewhere
- Some states have begun to tap Medicaid in creative ways

Needs assessment and evaluation

- Many states, localities and agencies have gathered data on needs; instruments available

- Link to reduction of seclusion and restraint, coercion, staff injuries, incidents, etc
- Framework for evaluating impact of trauma-informed services exists

Assistance from NASMHPD and the *Center on Women, Violence and Trauma*

- Telephone consultation during grant-writing
- One-day training curriculum and toolkit available in Fall, 2005 from NASMHPD
- Initial technical assistance from Center to help states get started with their SIGs
- Trauma Champions Institutes and expertise in partnership models
- On-going technical assistance for states and for localities (needs to be built in)